

4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

March 5, 2013

JUN 2 0 2013

DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

Mr. Jerald Sheffels 17806 North West Shore Road Nine Mile Falls, Washington 99026

Re: Application for Change under Ground Water Certificate No. 115500

Dear Mr. Sheffels:

Thank you for submitting your *Construction Notice* reporting you have completed construction of your water system.

Enclosed is a *Proof of Appropriation of Water* form to report when you have put the water to full beneficial use. According to your permit, you are to put the water to use and submit the form by **December 1, 2013**. The form should reflect actual water use, not to exceed the limits of your permit. You must submit the form for less water than authorized if the project is complete and less water is being used than anticipated.

If there are delays in putting the water to full beneficial use, you must contact us in writing to request an extension. Refer to the enclosed focus sheet for more information.

If you have any questions, please contact Jeff MacLennan at 509-329-3480.

Sincerely,

Water Resources Program
Eastern Regional Office

/md

Enclosures: Proof of Appropriation of Water

Extensions for Water Right Permits and Change Authorizations

OCCUPANTO IS



4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

June 24, 2013

Mr. Jerry & Mrs. Lois Sheffels 17806 North West Shore Drive Nine Mile Falls, Washington 99026

Re: Ground Water Permit No. G3-30641

Dear Mr. & Mrs. Sheffels:

We received your *Proof of Appropriation of Water*. Ecology will verify your water use before issuing a *Certificate of Water Right*. It may be some time before your information is verified, which may involve a field inspection. Meanwhile, your permit will remain in good standing, as long as you continue to use water consistent with the *Proof of Appropriation of Water* submitted. We will contact you regarding the inspection.

If you have any questions, please contact Jeff MacLennan at 509-329-3480.

Sincerely,

Water Resources Program
Eastern Regional Office

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# Water Resources Program CONSTRUCTION NOTICE



| L BEGIN   | NING OF CONSTRUCTION   | COMPLETION OF CONSTRUCTION                                |   |  |
|---|--|---|---|--|
| ☐ PROJE   | CT ABANDONED   | REQUEST FOR EXTENSION (fee applies)                       |   |  |
| <ul><li>Completion of Con</li><li>Project Abandoned</li></ul> | ruction: development of the water s<br>struction: facilities are installed to d<br>: water not needed for this project;<br>ion: when the development schedule  | leliver water to the project.<br>authorization may now be |   |  |
| DEPARTM<br>CASE<br>PO   | n, submit this form and \$50 fee to:<br>ENT OF ECOLOGY<br>HERING UNIT<br>BOX 47611<br>A, WA 98504-7611   | Water Right No.:  G 3-306                                 | 41  |  |
| Date Construction Began:                                      | Date Construction Expected: / /  | Date Construction Completed:                              | Date Project<br>Abandoned:  |  |
| 7 28 1/   |  | 2/24/13   | 1-1   |  |
| If yes, submit a Pressurized<br>Resources Program or obta     | aring device (flow meter) for the proof of t | for each measuring device. iblio/ecy070171.html.          | Contact the Water   |  |
| IF CONSTRU  | CTION IS NOT COMPLETE, SHO   | OW % COMPLETED AS C                                       | OF THIS DATE  |  |
| % Equipment in place:   | % Material in place:   | % Excavated:  | % Structure:  |  |
|   | authorized representative of the ab  |   | ne Department of Ecology  |  |
|   | Please print)  (Please print)  *Share Ad City: Nine Mile State  *Share Ad City: Nine Mile State  *Share Add City: Nine Mile State  *Value of the State  *Val |   | ephone: (509 LUt 0185)  Les PA form & Meter  Date: 2.27-2013 form |  |



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December 14, 2012

#### REMINDER NOTICE OF WATER RIGHT DEVELOPMENT SCHEDULE

Action Due: Complete Construction
Due Date: December 1, 2012

Mr. Jerry Sheffels 8505 Douglas Road E Wilbur, WA 99185

Re: Water Right File No. G3-30641

Your water right is currently not in good standing. Your permit required you to Complete Construction by December 1, 2012.

To keep your water right, you need to do the following:

#### If construction is on schedule:

• Complete and send us the enclosed *Construction Notice*.

RECEIVED
FEB 2 6 2013

DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

OR

### If you need more time to Complete Construction:

• Complete the boxes on the enclosed notice that apply to your project.

#### AND

• Send us a written request for an extension of your construction schedule. Follow the instructions on the enclosed Focus Sheet and be sure to include a fee payment.

If you are no longer interested in pursuing the project, please contact this office in writing. If you have any questions, please contact Anita Waterman at (509) 329-3541 or Anita. Waterman@ecy.wa.gov.

Enclosures: Complete Construction Notice

Extensions for Water Right Permits and Change Authorizations



### Water Resources Program Water Use Data Collection Reporting Form

Pressurized Flow & Open Channel Flow

Fill out a form for each measuring device and submit to Ecology by January 31st each year.

| Organization:                |                                       |                                      | Contact Name: |                         |   |  |
|------------------------------|---------------------------------------|--------------------------------------|---------------|-------------------------|---|--|
| Address:                     |                                       |                                      | City:         |                         |   |  |
| State: Zip:                  | Phone: (                              | ) - E                                | E-mail:       |                         |   |  |
| All Water                    |                                       | ates, Permits, Ch<br>vice measures M |               |                         | or Claims that                                |  |
|                              |                                       |                                      |               |                         |   |  |
| Meter Type: Brand:           |                                       | Brand:                               | Model No.:    |                         |   |  |
| Serial No.:                  |                                       | Source Name:                         |               | Device Rollover No.:    |   |  |
|                              | ressurized Flow<br>nd or surface wate |                                      |               |                         | oen Channel Flow                              |  |
| Date                         |                                       | Reading<br>Volume                    |               | ge Reading hannel only) | Peak Flow                                     |  |
| Month/Day/Year<br>mm/dd/yyyy | gallons acre-fe other:                |                                      | feet other:   |                         | gallons per minute cubic ft per second other: |  |
| / /                          |                                       |                                      |               |                         |   |  |
| / /                          |                                       |                                      |               |                         |   |  |
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Continued on next page...

### Continued from page one

| Month/Day/Year  | Meter Reading  | Staff Cara Bandina | D. 1. E1  |  |  |  |  |
|---|--|--------------------|-----------|--|--|--|--|
| mm/dd/yyyy  | Total Volume   | Staff Gage Reading | Peak Flow |  |  |  |  |
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| Total Annual Volume =   |  |                    |           |  |  |  |  |
| Total Minual Volume   |  |                    |           |  |  |  |  |
| Attach an additiona   | al sheet if you need more spa  | ce.                |           |  |  |  |  |
| COMMENTS:   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
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|   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
| I hereby certify that all information reported on this form is correct to the best of my knowledge. |  |                    |           |  |  |  |  |
|   | I hereby certify that all information reported on and form is confect to the best of my knowledge. |                    |           |  |  |  |  |
| Printed Name:   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |
| Signature or Elect  | cronic Signature   | Date: / /          |           |  |  |  |  |
|   |  |                    |           |  |  |  |  |



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